

# **Claims Examiner Authorization**

CLAIM#:

040519008736

**INSURED:** 

Biotelemetry, Inc.

DOI:

02/15/2019

**CARRIER/TPA:** 

Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT:

Jonathan Shockley

ADJUSTER:

Mario Castro

**CORVEL #**: 139249073-UMO-47

09/02/2021

**Determination Date: RFA Received Date:** 

08/26/2021

Provider:

Babak Jamasbi, MD

Pre-Cert #:

139249073-UMO-47

One Call Care Management Phone: 866-672-6493 Fax: 571-446-2066

Network:

Email: concierge@onecallcm.com

The below request is AUTHORIZED. The decision was made on 09/02/2021 and is summarized below:

THERAPY										
Determination	Type of Therapy	Total # Visits	Total Visits/ Week	Total Weeks	Body Part	СРТ	Effective Date	Termination Date	Facility	Provider
Requested	Chiro	6	0	0	Elbow, Hand, Lower Arm, Multiple Neck Injury, Wrist	98941, 97140, G0283, 97012				
Certified	Chiro	6	0	0	Elbow, Hand, Lower Arm, Multiple Neck Injury, Wrist	98941, 97140, G0283, 97012	9/2/21	3/5/22		

Claims Examiner: Mario Castro Contact Information: (213) 612-0880

Hours of operation: 8:30 am to 5:30 pm, M-F



## \*\*NOTE\*\*

# Please attach a copy of this recommendation letter with your bill; otherwise, payment may be delayed.

Utilization review does not include determinations of employer liability of the work injury, or of bill review for the purpose of determining whether the medical services were accurately billed.



#### **ELECTRONIC PROOF OF SERVICE**

I am a citizen of the United States and a resident of the County of Washington; I am employed by CorVel Corporation, am over the age of eighteen years and not a party to the within entitled action; my business address is 111 SW 5<sup>th</sup> Avenue, Suite 200, Portland, Oregon, 97204.

I am readily familiar with CorVel's practice for electronic service of correspondence that is maintained on CorVel's electronic database.

On September 3, 2021, the within letter(s) were served on the parties in said action, by sending a true copy thereof **electronically** (facsimile) on the following parties:

Babak J Jamasbi, MD Fax: (510) 647-5105

concierge@onecallcm.com Email: concierge@onecallcm.com

Phuong Herrera

Email: phuong.herrera@chubb.com

Executed on September 3, 2021, at Portland, Multnomah County, Oregon, 97204.

I, Linda Grant, declare under penalty of perjury, under the laws of the **STATE OF OREGON,** that the foregoing is true and correct.

Signature

Seride a. Sir

File: 139249073 Shockley



## PROOF OF SERVICE BY MAIL

I am a citizen of the United States and a resident of the County of Clark; I am employed by CorVel Corporation, am over the age of eighteen years and not a party to the within entitled action. My business address is 4330 SE International Way, Milwaukie, OR 97222. I am readily familiar with CorVel's practice for collection and processing of correspondence maintained on CorVel's electronic database for mailing with the U. S. Postal Service. Under such practice, correspondence that is printed for mail service would be put in a sealed envelope with postage theron fully prepaid and placed for collection and mailing on the same date by depositing such with the U.S. postal service in the ordinary course of business.

On September 3, 2021, the within letter(s) were served on the parties in said action, by placing a true copy thereof enclosed in a sealed envelope, with postage thereon fully prepaid addressed as follows:

Babak J Jamasbi, MD 1335 Stanford Ave. Emeryville CA 94608

Farber & Co: Farber & Co 333 Hegenberger Road #504

Oakland CA 94621 Colantoni, Collins, Marren, Phillips and Tulk: Colantoni, Coll Marren, Phillips and 201 Spear Street #1100 San Francisco CA 94105

Jonathan Shockley 1000 Sutter St. San Francisco CA 94109

Executed on September 3, 2021 at Milwaukie, OR 97222.



I, Becca Guimont, declare under penalty of perjury, under the laws of the STATE OF OREGON, that the foregoing is true and correct.

Signature

File: 040519008736, Shockley Jonathan